## Case 16-19459 Doc 1 Filed 06/14/16 Entered 06/14/16 11:58:38 Desc Main Document Page 1 of 56

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Richard First name  P. Middle name  Hogg Last name and Suffix (Sr., Jr., II, III)	Sally First name  J. Middle name  Hogg Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5127	xxx-xx-4090

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Debtor 1 Richard P. Hogg Sally J. Hogg

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs.  Business name(s)  EINs	■ I have not used any business name or EINs.  Business name(s)  EINs		
5.	Where you live	6817 Gun Club Rd. Morris, IL 60450	If Debtor 2 lives at a different address:		
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Grundy County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6. Why you are choosing this district to file for bankruptcy		Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)		
		other district.  ☐ I have another reason.	district.  □ I have another reason.		

		Case 16-1	19459	Doc 1	Document	Page 3 of	)6/14/16 11:5 56	8:38 Desc Ma	แท
	tor 1 tor 2	Richard P. Hogg Sally J. Hogg					Case number	(if known)	
Par	t <b>2</b> :	Tell the Court About	our Banl	kruptcy Cas	se				
7.	Bank	chapter of the cruptcy Code you are			rief description of each, s go to the top of page 1 ar			42(b) for Individuals Fili	ng for Bankruptcy
	cnoc	sing to file under	■ Chap	oter 7					
			☐ Chap	oter 11					
			☐ Chap	oter 12					
			☐ Chap	oter 13					
8.	How	you will pay the fee	ab or	out how you	entire fee when I file my u may pay. Typically, if yo attorney is submitting you address.	ou are paying the	fee yourself, you ma	ay pay with cash, cashie	er's check, or money
					the fee in installments. e in Installments (Official I		s option, sign and a	ttach the Application for	· Individuals to Pay
			bu ap	it is not requi plies to your	t my fee be waived (You uired to, waive your fee, a ir family size and you are in to Have the Chapter 7 i	nd may do so only unable to pay the	y if your income is le e fee in installments)	ess than 150% of the of If you choose this opti	ficial poverty line that on, you must fill out
9.		you filed for	■ No.						
ba		ruptcy within the 3 years?	☐ Yes.						
				District		When		Case number	
				District		When		0 1	
				District		When		Case number	
10.		any bankruptcy	■ No						
	filed not f you,	s pending or being by a spouse who is iling this case with or by a business ner, or by an ate?	☐ Yes.						
				Debtor				Relationship to you	
				District		When	(	Case number, if known	
				Debtor				Relationship to you	
				District		When		Case number, if known	
11.		ou rent your	□ No.	Go to lin	ne 12.				
	resic	lence?	Yes.	Has you	ur landlord obtained an e	viction judgment a	against you and do y	ou want to stay in your	residence?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

No. Go to line 12.

bankruptcy petition.

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	otor 1 Richard P. Hogg otor 2 Sally J. Hogg		2004	Case number (if known)			
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole Proprie	tor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Name and location of bus	siness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a		Number, Street, City, State & ZIP Code				
	separate sheet and attach it to this petition.		Check the appropriate bo	ox to describe your business:			
	·	Health Care Business (as defined in 11 U.S.C. § 101(27A))					
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
			☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))				
			☐ Commodity Broke	er (as defined in 11 U.S.C. § 101(6))			
			☐ None of the above	e			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline: operation	ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate dlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of rations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure I U.S.C. 1116(1)(B).				
	For a definition of small	■ No.	I am not filing under Chap	oter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	Hazardous Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is the hazard?				
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs		Where is the property?				
	urgent repairs?			Number, Street, City, State & Zip Code			

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Debtor 1 Richard P. Hogg
Debtor 2 Sally J. Hogg Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-19459 Doc 1 Filed 06/14/16 Entered 06/14/16 11:58:38 Desc Main Document Page 6 of 56

	tor 2 Sally J. Hogg				Case nu	ımber (if known)	
Part	6: Answer These Questi	ons for Re	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."				
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily busine money for a business or investme	ess debts? Busine nt or through the c	ss debts are deperation of the	ebts that you incurred to o business or investment.	btain
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe th	nat are not consum	er debts or bus	siness debts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.			
		■ Yes.	I am filing under Chapter 7. Do yo are paid that funds will be available No				administrative expenses
	are paid that funds will be available for distribution to unsecured creditors?		□ Yes				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,00	0	☐ 25,001-50,0 ☐ 50,001-100, ☐ More than10	000
19.	How much do you estimate your assets to be worth?	□ \$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	\$1,000,001 - \$10,000,001 \$50,000,001 \$100,000,001	- \$50 million - \$100 million	□ \$10,000,000	001 - \$10 billion 0,001 - \$50 billion
20.	How much do you estimate your liabilities to be?	□ \$100,0	50,000 101 - \$100,000 1001 - \$500,000 1001 - \$1 million	\$1,000,001 - \$10,000,001  \$50,000,001  \$100,000,001	- \$50 million - \$100 million	\$10,000,00	,001 - \$10 billion 0,001 - \$50 billion
Part	7: Sign Below						
For	you	I have ex	amined this petition, and I declare t	under penalty of pe	erjury that the i	nformation provided is true	e and correct.
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
			orney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this int, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.							
bankrupt and 3571				50,000, or imprisor	nment for up to	20 years, or both. 18 U.S	
		Richard	ard P. Hogg P. Hogg e of Debtor 1		/s/ Sally J. H Sally J. Hog Signature of D	g	
		Executed	June 13, 2016 MM / DD / YYYY		Executed on	June 13, 2016 MM / DD / YYYY	

	D' I D II	Document	Page 7 of 56		
Debtor 1 Debtor 2	Richard P. Hogg Sally J. Hogg		Cas	e number (if known)	
	attorney, if you are ted by one	I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify the second of the control	ed States Code, and have e	explained the relief availab	ole under each chapter
•	not represented by ey, you do not need s page.	and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect.			
		/s/ Timothy J. Black	Date	June 13, 2016	
		Signature of Attorney for Debtor		MM / DD / YYYY	
		Timothy J. Black			
		Printed name			
		Black & Black Lawyers			
		Firm name			
		PO Box 148			
		Morris, IL 60450			
		Number, Street, City, State & ZIP Code			

Email address

Contact phone **8159420594** 

Bar number & State

tblack03@yahoo.com

		1200.11111	tii Paue o ui su	
Fill in this infor	mation to identify your	case:		
Debtor 1	Richard P. Hogg			
	First Name	Middle Name	Last Name	
Debtor 2	Sally J. Hogg			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				Charle if this
(II KIIOWII)				☐ Check if this amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

S  Your I Amount  \$	24,301.06 24,301.06 24,301.06 24,301.06 24,301.06 24,301.06 25,850.17
\$ \$ Your I Amount	24,301.06 24,301.06 liabilities nt you owe 46,048.99
Your I Amount	24,301.06 liabilities nt you owe 46,048.99
Your I Amount	liabilities nt you owe 46,048.99
\$\$	46,048.99 0.00
\$\$	46,048.99 0.00
\$	0.00
· —	
\$	25,850.17
\$	71,899.16
\$	3,615.42
\$	3,589.64
our other so	chedules.
	\$

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Debtor 1 Richard P. Hogg
Debtor 2 Sally J. Hogg

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Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

1,291.42

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

		200 10 10-00	Document Document	Page 10 of 56	10 11:00:00	30 Main
Fill in	n this infor	mation to identify your	case and this filing:			
Debte	or 1	Richard P. Hogg				
Debte	or 2	First Name	Middle Name	Last Name		
	se, if filing)	Sally J. Hogg First Name	Middle Name	Last Name		
Unite	d States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS		
Case	number					☐ Check if this is an
	-					amended filing
O.(.		4004/5				
		orm 106A/B l <b>e A/B: Pro</b> p	ortv			
				an accet fits in many than a	no octonomy list the spect in	12/15
think i	t fits best. E	Be as complete and accurate space is needed, attach	oe items. List an asset only once. If ate as possible. If two married peop n a separate sheet to this form. On th	le are filing together, both a	re equally responsible for su	pplying correct
Part 1	l: Describe	Each Residence, Building	g, Land, or Other Real Estate You O	wn or Have an Interest In		
1. <b>Do</b>	you own or	have any legal or equitable	le interest in any residence, building	, land, or similar property?		
	No. Go to Pa	rt 2.				
	Yes. Where	is the property?				
Part 2	2: Describe	Your Vehicles				
3. <b>Ca</b>	ırs, vans, tı	•	ele, also report it on Schedule G: E	Executory Contracts and U	Inexpired Leases.	·
3.1	Make:	Saturn	Who has an interest in t	20 property? Cheek one	Do not deduct secured cl	aims or exemptions. Put
3.1	-	S2	Debtor 1 only	ie property : Check one	the amount of any secure Creditors Who Have Clair	
	Year:	1999	Debtor 2 only			, , ,
	Approxima	te mileage:	■ Debtor 1 and Debtor 2	only	Current value of the entire property?	Current value of the portion you own?
	Other infor	mation:	At least one of the deb			
			Check if this is comm	nunity property	\$900.00	\$900.00
Exa	amples: Boa No Yes Make:		Who has an interest in the Debtor 1 only	nowmobiles, motorcycle a	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	d claims on Schedule D: ms Secured by Property.
	-		Debtor 1 and Debtor 2	only	Current value of the entire property?	Current value of the portion you own?
	Other infor	mation:	At least one of the deb	= -		, <b>,</b>
			Check if this is comm (see instructions)		\$22,500.00	\$22,500.00

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1	Case 16-19		Filed 06/14/16 Document	Entered 06/14/1 Page 11 of 56	6 11:58:38	Desc Main
Debtor 2	Sally J. Hogg			Case	number (if known)	
				om Part 2, including any o		\$23,400.00
Part 3: De	scribe Your Personal	and Household Items				
			est in any of the follow	ring items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
<i>Exampl</i> □ No □	old goods and furr es: Major appliances Describe	<b>nishings</b> s, furniture, linens, ch	ina, kitchenware			
						4000.00
	<u>  F</u>	urniture and hous	sehold goods.			\$600.00
■ No	es: Televisions and	radios; audio, video, ones, cameras, medi		oment; computers, printers,	scanners; music co	ollections; electronic devices
Exampl ■ No		urines; paintings, prir s, memorabilia, collec		oks, pictures, or other art ob	ijects; stamp, coin,	or baseball card collections;
Exampl ■ No	ent for sports and les: Sports, photogra musical instrume Describe	aphic, exercise, and o	ther hobby equipment;	bicycles, pool tables, golf cl	ubs, skis; canoes a	and kayaks; carpentry tools;
■ No		hotguns, ammunition	, and related equipmen	t		
□ No ·		es, furs, leather coats	s, designer wear, shoes	, accessories		
<b>—</b> 103.						
	<u> </u>	Clothing				\$150.00
■ No □ Yes.  13. Non-fa Examp		. , .	engagement rings, wed	ding rings, heirloom jewelry	, watches, gems, g	old, silver

■ No ☐ Yes. Give specific information.....

14. Any other personal and household items you did not already list, including any health aids you did not list

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Debto Debto		Richard P. I Sally J. Hog			Case number (if known	n)
					Part 3, including any entries for pages you have attached	\$750.00
Part 4	Des	cribe Your Finan	ncial Asset	ts		
					any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	Exampi No			•	ome, in a safe deposit box, and on hand when you file your pet	ition
E	<u>Ехатр</u> і				ounts; certificates of deposit; shares in credit unions, brokerage s with the same institution, list each.	houses, and other similar
	No Yes				Institution name:	
			17.1.	Checking	Marseilles Bank account.	\$119.40
			17.2.	Checking	Marseilles Bank account.	\$1.66
			17.3.	Checking	Marseilles Bank	\$30.00
<i>E</i>	Exampl No			cly traded stocks ent accounts with bro Institution or issuer	okerage firms, money market accounts	
jo	on-pul oint ve No		tock and	interests in incorpo	orated and unincorporated businesses, including an intere	est in an LLC, partnership, and
	Yes.	Give specific in		about them me of entity:	% of ownership:	
^	Negotia Non-ne No	able instruments	s include p nents are	personal checks, cas those you cannot tra	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
21 <b>R</b>	otirom	ent or pensior		uer name:		
E	Exampi No	les: Interests in	IRA, ERI	SA, Keogh, 401(k), 4	403(b), thrift savings accounts, or other pension or profit-sharin	g plans
	Yes. L	ist each accour		tely. of account:	Institution name:	
Y E	our sh		ed deposi	ts you have made so	o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications compa	anies, or others
					Institution name or individual:	
_	<b>nnuiti</b> No	es (A contract fo	or a perio	dic payment of mone	ey to you, either for life or for a number of years)	

Case 16-19459 Doc 1 Filed 06/14/16 Entered 06/14/16 11:58:38 Desc Main Document Page 13 of 56 Richard P. Hogg Debtor 1 Debtor 2 Sally J. Hogg Case number (if known) Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. Nο ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No

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Official Form 106A/B Schedule A/B: Property page 5

\$24,301.06

		I A MALII III.	$\frac{1}{1}$	
Fill in this infor	mation to identify your	case:		
Debtor 1	Richard P. Hogg			
	First Name	Middle Name	Last Name	
Debtor 2	Sally J. Hogg			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				☐ Check if this is an
(ii kilowii)				amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
1999 Saturn S2 Line from Schedule A/B: 3.1	\$900.00		\$900.00	735 ILCS 5/12-1001(c)	
Line Holli Schedule AVD. 4.1			100% of fair market value, up to any applicable statutory limit		
2000 Pace Arrow 36B Line from Schedule A/B: 4.1	\$22,500.00		\$3,305.91	735 ILCS 5/12-1001(b)	
Line Holli Schedule AVD. 4.1			100% of fair market value, up to any applicable statutory limit		
Furniture and household goods.	\$600.00		\$600.00	735 ILCS 5/12-1001(b)	
Line nom Schedule AVB. V.1			100% of fair market value, up to any applicable statutory limit		
Clothing Line from Schedule A/B: 11.1	\$150.00		\$150.00	735 ILCS 5/12-1001(a)	
Line Holli Schedule AVD. 11.1			100% of fair market value, up to any applicable statutory limit		
Checking: Marseilles Bank account. Line from Schedule A/B: 17.1	\$119.40		\$50.00	735 ILCS 5/12-1001(b)	
LINE HOLL SCHEUUIE A/B. 17.1			100% of fair market value, up to any applicable statutory limit		

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Sally J. Hogg Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Checking: Marseilles Bank account. 735 ILCS 5/12-1001(b) \$100.00 \$1.66 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **Checking: Marseilles Bank** 735 ILCS 5/12-1001(b) \$30.00 \$30.00 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? Yes

Debtor 1

			Document	Page 17	of 56		
Fill	in this information t	to identify you	r case:				
Deb	tor 1 Ricl	hard P. Hogg	1				
- 0.0	First		Middle Name	Last Name		-	
Deb	tor 2 Sall	ly J. Hogg					
(Spot	use if, filing) First N		Middle Name	Last Name		-	
Unit	ed States Bankruptcy	y Court for the:	NORTHERN DISTRICT OF ILLI	NOIS			
(if kno	e number					□ Chock	if this is an
(	,						led filing
						umone	ica iiii ig
Offi	icial Form 106	SD.					
			Who Have Claims S	Socuror	hy Droport	<b>.</b>	40/45
<u> </u>	nedule D. C	rearrors	WITO Have Claims 3	secured	a by Propert	<u>y                                    </u>	12/15
is ne	eded, copy the Additio		f two married people are filing togethe out, number the entries, and attach it to				
	er (if known).	-:					
	any creditors have cla	_				,	
	■ No. Check this bo	x and submit th	nis form to the court with your other s	schedules. Yo	ou have nothing else t	o report on this form.	
	Yes. Fill in all of the	ne information b	pelow.				
Part	1: List All Secur	red Claims					
2 li	st all secured claims	If a creditor has n	nore than one secured claim, list the cred	litor senarately	Column A	Column B	Column C
2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As  Amount of			Amount of claim	Value of collateral	Unsecured		
mucl	h as possible, list the cla	aims in alphabetio	cal order according to the creditor's name	١.	Do not deduct the value of collateral.	that supports this claim	portion If any
	Heights Finance	)			value of collateral.	Cidiiii	ii airy
2.1	Corporation		Describe the property that secures the	ne claim:	\$19,194.09	\$22,500.00	\$0.00
	Creditor's Name		2000 Pace Arrow 36B				
		_	As of the date you file, the claim is: 0	heck all that			
	1128 Columbus		apply.	moon an inat			
	Ottawa, IL 61350		Contingent				
	Number, Street, City, Stat	te & Zip Code	Unliquidated				
Who	o owes the debt? Che	ook one	☐ Disputed  Nature of lien. Check all that apply.				
_		eck one.	_				
_	Debtor 1 only Debtor 2 only		An agreement you made (such as m	nortgage or sec	cured		
_	•		car loan)  Statutory lien (such as tax lien, mech	haniala lian)			
_	Debtor 1 and Debtor 2 or	,		nanics lien)			
	at least one of the debto		Judgment lien from a lawsuit				
	check if this claim related community debt	tes to a	☐ Other (including a right to offset)				
	• • • • • • • • • • • • • • • • • • • •						
Date	debt was incurred		Last 4 digits of account numb	er <u>8051</u>			
	_						
2.2	Mortgage Relief	Services,			¢26 954 00	¢0.00	Unknown
	LLC Craditaria Nama		Describe the property that secures the		\$26,854.90	\$0.00	Ulikilowii
	Creditor's Name		Home located at 265 Gray St.	-,			
			Marseilles, IL.				
	PO Box 740		As of the date you file, the claim is: C	Check all that			
	Decatur, IL 6252	25	apply.  Contingent				
	Number, Street, City, Stat		☐ Unliquidated				
	Saloot, Oily, Olat		☐ Disputed				
Who	owes the debt? Che	eck one.	Nature of lien. Check all that apply.				
	ebtor 1 only		☐ An agreement you made (such as m	nortgage or sec	cured		
	ebtor 2 only		car loan)	.55. 2. 200	•		
_	Debtor 1 and Debtor 2 or	nlv	☐ Statutory lien (such as tax lien, mech	hanic's lien)			
	at least one of the debto	=	Judgment lien from a lawsuit	•			
			- agooo a lattouit				

Official Form 106D

community debt

 $\hfill\Box$  Check if this claim relates to a

☐ Other (including a right to offset)

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Debtor 1	Richard P. Hogg				Case number (if ki	now)	
	First Name	Middle Name	Last Name				
Debtor 2	Sally J. Hogg						
	First Name	Middle Name	Last Name				
Date debt	was incurred		Last 4 digits of account number	H215			
Add the	dollar value of your en	tries in Colum	n A on this page. Write that number h	nere:	\$4	6,048.99	
	the last page of your f at number here:	orm, add the d	ollar value totals from all pages.		\$4	6,048.99	

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Debtor 1  Richard P. Hogg First Name  Middle Name  Last Name  Debtor 2 (Spouse if, filling)  First Name  Middle Name  Last Name  Last Name  Middle Name  Last Name  NORTHERN DISTRICT OF ILLINOIS	
First Name Middle Name Last Name  Debtor 2 (Spouse if, filing) First Name Middle Name Last Name	
First Name Middle Name Last Name  Debtor 2 (Spouse if, filing) First Name Middle Name Last Name	
(Spouse if, filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
· · · · · · · · · · · · · · · · · · ·	
Case number	
(if known)	☐ Check if this is an
	amended filing
Official Form 106E/F	
Schedule E/F: Creditors Who Have Unsecured Claims	12/15
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with N	
Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partiall Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it ou left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the name and case number (if known).	it, number the entries in the boxes on the
Part 1: List All of Your PRIORITY Unsecured Claims	
Do any creditors have priority unsecured claims against you?  —	
No. Go to Part 2.	
Yes.	
Part 2: List All of Your NONPRIORITY Unsecured Claims	
3. Do any creditors have nonpriority unsecured claims against you?	
$\square$ No. You have nothing to report in this part. Submit this form to the court with your other schedules.	
■ Yes.	
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a cre unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured Part 2.	claims already included in Part 1. If more
	Total claim
4.1 Adventist Bolingbrook Hospital Last 4 digits of account number 5641	\$699.77
Nonpriority Creditor's Name 75 Remittance Dr STE 6097 When was the debt incurred?	
Chicago, IL 60675-6097  Number Street City State Zlp Code  As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	
☐ Debtor 1 only ☐ Contingent	
☐ Debtor 2 only ☐ Unliquidated	
■ Debtor 1 and Debtor 2 only □ Disputed	
☐ At least one of the debtors and another  Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community ☐ Student loans	
debt ☐ Obligations arising out of a separation agreement or divorce report as priority claims	e that you did not
■ No □ Debts to pension or profit-sharing plans, and other similar d	ebts
☐ Yes ☐ Other. Specify Medical services rendered.	

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Debtor 1 Richard P. Hogg Debtor 2 Sally J. Hogg Case number (if know) 4.2 \$458.34 AT&T Mobility Last 4 digits of account number 2450 Nonpriority Creditor's Name PO Box 6416 When was the debt incurred? Carol Stream Carol Stream, IL 60197-6416 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Items purchased on open account. ☐ Yes 4.3 Capital Management Services, LP Last 4 digits of account number 3018 \$2,115.31 Nonpriority Creditor's Name When was the debt incurred? 698 1/2 South Ogden St Buffalo, NY 14206-2317 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Items purchased on open account. ☐ Yes 4.4 **Capital One Bank** Last 4 digits of account number 1208 \$914.74 Nonpriority Creditor's Name PO Box 60599 When was the debt incurred? **City of Industry, CA 91716-0599** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Items purchased on open account. ☐ Yes

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Debtor 1 Richard P. Hogg Debtor 2 Sally J. Hogg Case number (if know) 4.5 **Capital One Services LLC** \$914.71 Last 4 digits of account number 1208 Nonpriority Creditor's Name PO Box 30285 When was the debt incurred? Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Items purchased on open account. ☐ Yes 4.6 Citi Cards Last 4 digits of account number 3018 \$1,980.62 Nonpriority Creditor's Name PO Box 6500 When was the debt incurred? Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Items purchased on open account. ☐ Yes \$228.18 4.7 **Coventry Health Care** Last 4 digits of account number 7801 Nonpriority Creditor's Name PO Box 864750 When was the debt incurred? Orlando, FL 32886-4750 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical services rendered. ☐ Yes

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	Richard P. Hogg  Sally J. Hogg	Case number (if know)	
4.8	Coventry One	Last 4 digits of account number 7801	\$406.77
	Nonpriority Creditor's Name PO Box 31210 Tampa, FL 33631-3210	When was the debt incurred?	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ <sub>No</sub>	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical services rendered.	
	Creditor's Discount & Audit Nonpriority Creditor's Name	Last 4 digits of account number 8525	\$443.11
	415 E. Main St	When was the debt incurred?	
	Streator, IL 61364		
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	П	
	Debtor 2 only	☐ Contingent	
	_	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical services rendered.	
4.1	Creditor's Discount & Audit	Last 4 digits of account number 2577	\$130.00
	Nonpriority Creditor's Name 415 E. Main St	When was the debt incurred?	
	Streator, IL 61364 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the damins. Officer all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical services rendered.	

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	1 Richard P. Hogg 2 Sally J. Hogg	Case number (if know)	
4.1	Dependon Collection Services Inc.	Last 4 digits of account number 5129	\$58.51
	Nonpriority Creditor's Name PO Box 4983	When was the debt incurred?	
	Oak Brook, IL 60522-4983		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical services rendered.	
4.1	Discover Nonpriority Creditor's Name	Last 4 digits of account number 2376	\$1,961.23
	PO Box 6103 Carol Stream, IL 60197-6103	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Items purchased on open account.	
4.1	Financial Recovery Services, Inc.	Last 4 digits of account number C452	\$1,961.23
	Nonpriority Creditor's Name PO Box 385908 Minneapolis, MN 55438-5908	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Items purchased on open account.	

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	Richard P. Hogg Sally J. Hogg	Case number (if know)	
7	Grundy Radiologists Inc	Last 4 digits of account number GRI1	\$125.00
F	Nonpriority Creditor's Name PO Box 3273 ndianapolis, IN 46206-3273	When was the debt incurred?	
1	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
_	Who incurred the debt? Check one.		
_	Debtor 1 only	☐ Contingent	
L	Debtor 2 only	☐ Unliquidated	
I	Debtor 1 and Debtor 2 only	☐ Disputed	
[	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	lebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
I	No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
[	☐ Yes	Other. Specify Medical services rendered.	
~	Heavner, Beyers & Mihlar LLC Nonpriority Creditor's Name	Last 4 digits of account number H215	Unknown
F	PO Box 740 Decatur, IL 62525	When was the debt incurred?	
1	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
[	Debtor 1 only	☐ Contingent	
[	Debtor 2 only	☐ Unliquidated	
I	Debtor 1 and Debtor 2 only	☐ Disputed	
[	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
[	☐ Check if this claim is for a community	☐ Student loans	
	debt s the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
I	No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
[	☐Yes	Other. Specify Judgment	
0	J.C. Christensen & Associates, Inc. Nonpriority Creditor's Name	Last 4 digits of account number 9380	\$990.67
F	PO Box 519 Sauk Rapids, MN 56379	When was the debt incurred?	
1	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
_	Who incurred the debt? Check one.		
_	Debtor 1 only	☐ Contingent	
[	Debtor 2 only	☐ Unliquidated	
I	Debtor 1 and Debtor 2 only	Disputed	
[	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	lebt s the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
I	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
[	☐ Yes	■ Other. Specify Items purchased on open account.	

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	Richard P. Hogg  Sally J. Hogg	Case number (if know)	
/	Malcom S. Gerald and Associates	Last 4 digits of account number 5641	\$699.77
:	Nonpriority Creditor's Name 332 S. Michigan Ave., Suite 600 Chicago, IL 60604	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical services rendered.	
·	Midland Credit Management, Inc.  Nonpriority Creditor's Name	Last 4 digits of account number 3424	\$971.89
	Nonpriority Creditors Name 2365 Northside Dr., Suite 300 San Diego, CA 92108	When was the debt incurred?	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Items purchased on open account.	
	Midland Credit Managment, Inc Nonpriority Creditor's Name	Last 4 digits of account number 3931	\$517.81
	PO Box 60578 Los Angeles, CA 90060-0578	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
,	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Items purchased on open account.	

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Debtor Debtor	1 Richard P. Hogg 2 Sally J. Hogg	Case number (if know)	
4.2	Midstate Collection Solutions, Inc.	Last 4 digits of account number 9992	\$212.85
	Nonpriority Creditor's Name PO Box 3292 Champaign, IL 61826-3292	When was the debt incurred?	-
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes		
	☐ Yes	Other. Specify Medical services rendered.	_
4.2	MiraMed Revenue Group	Last 4 digits of account number 8322	Unknown
	Nonpriority Creditor's Name PO Box 77000 Detroit, MI 48277-0304	When was the debt incurred?	_
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical services rendered.	_
4.2	Morris Hospital	Last 4 digits of account number 1110	\$401.00
	Nonpriority Creditor's Name 150 W. High St Morris, IL 60450	When was the debt incurred?	-
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical services rendered.	_

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Sally J. Hogg	Case number (if know)	
Morris Hospital	Last 4 digits of account number 4735	\$437.0
Nonpriority Creditor's Name 150 W. High St	When was the debt incurred?	
Morris, IL 60450	As of the date was file the plaint in Ol. 1. 11.11.	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Поли	
	☐ Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
☐ Check if this claim is for a community lebt		
s the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other Specify Medical services rendered.	
Morris Hospital Nonpriority Creditor's Name	Last 4 digits of account number 1376	\$90.00
Nonpriority Creditors Name 150 W. High St Morris, IL 60450	When was the debt incurred?	
umber Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Vho incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
ebt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset? —	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical services rendered.	
Nortgage Relief Services, LLC	Last 4 digits of account number H215	Unknowi
Nonpriority Creditor's Name		
PO Box 740	When was the debt incurred?	
Decatur, IL 62525  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	. a. a. aate you me, the orain is. Officer all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Student loans	
☐ Check if this claim is for a community lebt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
☐Yes	■ Other. Specify Judgment	

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Debtor Debtor	1 Richard P. Hogg 2 Sally J. Hogg		Case number (if know)	
4.2	Northstar Location Services LLC	Last 4 digits of account number	3276	\$1,961.23
	Nonpriority Creditor's Name 4285 Genesee St Cheektowaga, NY 14225-1943	When was the debt incurred?		
	Number Street City State ZIp Code	As of the date you file, the claim is	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	- '	
	☐ Yes	Other. Specify Items purch	nased on open account.	
4.2	Ocwen Loan Servicing	Last 4 digits of account number	XXXX	Unknown
	Nonpriority Creditor's Name 3451 Hammond Ave. Waterloo, IA 50702	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim is	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separ	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Items purch	nased on open account.	
4.2	Rausch, Sturm, Israel, Enerson  Nonpriority Creditor's Name	Last 4 digits of account number	7926	\$4,989.18
	15660 North Dallas PKWY, Suite 350 Dallas, TX 75248	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim is	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	_	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	= :	
	Yes	Other. Specify Items purch	nased on open account.	

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Debtor Debtor	1 Richard P. Hogg 2 Sally J. Hogg	Case number (if know)	
4.2	Rezin Orthopdics & Sport	Last 4 digits of account number	\$212.85
	Nonpriority Creditor's Name 1051 W. US Rt 6, STE 100 Morris, IL 60450	When was the debt incurred?	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical services rendered.	
4.3	Starved Rock Leasing	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name		
	PO Box 456	When was the debt incurred?	
	Ottawa, IL 61350  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is. Offeck all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Unscured portion of car lease.	
4.3	Surburban Radiologist S.C.	Last 4 digits of account number 5129	\$58.51
1	Nonpriority Creditor's Name 5201 Willow Springs Rd	When was the debt incurred?	·
	La Grange, IL 60525-6558		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical services rendered.	

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r1 Richard P. Hogg r2 Sally J. Hogg	Case number (if know)	
United Collection Bureau, Inc.	Last 4 digits of account number 4121	\$1,909.8
Nonpriority Creditor's Name PO Box 140310 Toledo. OH 43614	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Items purchased on open account.	

### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	6f.	Student loans	6f.	\$ Total Claim
Total claims				 
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 25,850.17
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 25,850.17

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

			III FAUE 3 I UL 30	
Fill in this infor	mation to identify your	case:		
Debtor 1	Richard P. Hogg			
	First Name	Middle Name	Last Name	
Debtor 2	Sally J. Hogg			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the r, Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Otate	Zii Code	
2.0	Name				<u> </u>
	Number	Street			
	City		State	ZIP Code	_
2.4			Oldio		
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5	Oity		Otate	ZII COUE	
0	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>

		Docume	<u>nt Page 32 c</u>	of 56	
Fill in this in	nformation to identify your	case:			
Debtor 1	Dishard D. Haga				
Depior	Richard P. Hogg First Name	Middle Name	Last Name		
Debtor 2	Sally J. Hogg				
(Spouse if, filing)		Middle Name	Last Name		
United States	s Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Coso numbo					
Case numbe (if known)	···			☐ Check if this is an	
				amended filing	
people are fi fill it out, and your name a  1. Do yo  No Yes  2. Withiu	ling together, both are equal number the entries in the nd case number (if known) ou have any codebtors? (If y	ally responsible for supp boxes on the left. Attach . Answer every question you are filing a joint case, of	lying correct informat the Additional Page to do not list either spouse	ry? (Community property states and territories include	ge,
☐ Yes. [  3. In Colur in line 2	again as a codebtor only it 06D), Schedule E/F (Official	ors. Do not include your f that person is a guaran	spouse as a codebtor tor or cosigner. Make	r if your spouse is filing with you. List the person sho sure you have listed the creditor on Schedule D (Offi 16G). Use Schedule D, Schedule E/F, or Schedule G t	icial
out oon					
	olumn 1: Your codebtor me, Number, Street, City, State and ZI	P Code		Column 2: The creditor to whom you owe the de Check all schedules that apply:	bt
				Shook all solloddios that apply.	
3.1				Schedule D, line	
Na	ame			☐ Schedule E/F, line	
				☐ Schedule G, line	
Nu	ımber Street			_	
Cit		State	ZIP Code		
3.2				☐ Schedule D, line	
	ame			☐ Schedule E/F, line	
				☐ Schedule G, line	
	oran Cristian				
Nu Cit	ımber Street	State	ZIP Code		
Oil	,		0000		

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	in this information to identify your o									
De	btor 1 Richard P. I	Hogg			_					
	btor 2 Sally J. Hogouse, if filing)	19			_					
Un	ited States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF ILLINOIS		_					
	se number nown)					□ A		ed filing ent showing	g postpetition	
0	fficial Form 106I					N	IM / DD/ \	/YYY		
S	chedule I: Your Inc	ome				.,	IIVI / DD/			12/1
spo atta Pa	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment	ur spouse is not filing wi On the top of any addition	th you, do not inclu	ıde inforr	nati	on about	your sp	ouse. If mo	re space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fil	ing spouse	
	If you have more than one job, attach a separate page with	Employment status	☐ Employed				☐ Employed			
	information about additional	p.o,	■ Not employed				■ Not employed			
	employers.	Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed the	here?				_			
Pa	rt 2: Give Details About Mo	nthly Income								
spo	imate monthly income as of the cuse unless you are separated.		•		•				·	-
	ou or your non-filing spouse have m se space, attach a separate sheet to		ombine the information	on for all e	mpl	oyers for	that perso	on on the lir	nes below. If	you need
						For Del	otor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,	3,		2.	\$		0.00	\$	0.00	-
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	0.00	<u>-</u>
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$		0.00	\$	0.00	

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	tor 1 tor 2	Richard P. Hogg Sally J. Hogg	_	C	ase	number (if known	)				
					For	Debtor 1			Debtor 2		
	Cop	by line 4 here	4.	-	\$	0.00	)	\$		0.00	_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	0.00	)	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b	).	\$	0.00	_	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c	:.	\$	0.00	)	\$		0.00	-
	5d.	Required repayments of retirement fund loans	5d	١.	\$	0.00	_	\$		0.00	_
	5e.	Insurance	5e	<b>)</b> .	\$	0.00	)	\$		0.00	_
	5f.	Domestic support obligations	5f.		\$	0.00	)	\$		0.00	_
	5g.	Union dues	5g	J.	\$	0.00	)	\$		0.00	
	5h.	Other deductions. Specify:	5h	1.+	\$	0.00	) -	⊦\$		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0.00	)	\$		0.00	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0.00	)_	\$		0.00	_
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
	01	monthly net income.	8a		\$	0.00		\$		0.00	_
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			\$	0.00	_	\$		0.00	-
		settlement, and property settlement.	8c		\$	0.00	_	\$		0.00	_
	8d.	• • •	8d		\$	0.00	_	\$		0.00	_
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance	8e _	<b>).</b>	\$_	2,324.00	_	\$		0.00	_
		that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$	0.00	)	\$		0.00	_
	8g.	Pension or retirement income	8g	١.	\$	1,291.42	2	\$		0.00	
	8h.	Other monthly income. Specify:	8h	1.+	\$	0.00	) -	+\$		0.00	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	;	3,615.42	2	\$		0.0	0
10	Cal	aulate monthly income. Add line 7 , line 0	10	Φ.		2 C4E 42	<b>ተ</b>		0.00	•	2 045 42
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Φ_		3,615.42 +	Φ_		0.00	=   \$ _	3,615.42
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not incify:	r depe			•			chedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	3,615.42
13.	Do	you expect an increase or decrease within the year after you file this form	1?							Combii monthl	ned ly income
		No. Yes Explain:									

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	in this information	Constant des Cons				1			
FIII	in this informa	ition to identify yo	our case:						
Deb	otor 1	Richard P. H	logg				eck if this		
	otor 2 ouse, if filing)	Sally J. Hogo	<u>g</u>				A supp		ving postpetition chapter the following date:
Unit	ted States Bankı	ruptcy Court for the	: NORTH	IERN DISTRICT OF ILLIN	OIS		MM / E	DD / YYYY	
1	se number (nown)								
0	fficial Fo	rm 106J							
		J: Your	 Exper	ISAS					12/1
Be info	as complete ormation. If member (if know	and accurate as	s possible. eded, atta ry question	If two married people ar	e filing together, be form. On the top of	oth are ed f any addi	qually restional pa	sponsible fo ges, write y	or supplying correct your name and case
1.	Is this a joir		,noru						
	☐ No. Go to	line 2.							
	Yes. Doe	es Debtor 2 live i	in a separa	ate household?					
	■ N	-	et file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ahold of De	ahtor 2		
			_	arromi 1000-2, Expenses	Tor deparate riouse	mora or be	JD101 Z.		
2.	Do you have	e dependents?	■ No						
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		De age	pendent's	Does dependent live with you?
	Do not state dependents						 	_	<ul> <li>□ No</li> <li>□ Yes</li> <li>□ No</li> <li>□ Yes</li> <li>□ No</li> <li>□ Yes</li> <li>□ No</li> </ul>
3.	expenses o	penses include f people other t d your depende	han _	No Yes					☐ Yes
Est	timate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp					
the		h assistance an		government assistance i cluded it on <i>Schedule I:</i> Y				Your expe	enses
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4.	\$		93.00
	If not include	led in line 4:							
	4a. Real e	estate taxes				4a.	\$		0.00
		rty, homeowner's				4b.			0.00
				ipkeep expenses		4c.			115.00
5.		owner's associat		dominium dues our residence, such as ho	me equity loops	4d. 5.			0.00
				au residence. Such as no					

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ebtor '				0		h (if l )	
ebtor 2	<sup>2</sup> Sally J.	нодд	<u> </u>	Case	e num	ber (if known)	
. Uti	ilities:						
6a	. Electricity	, heat,	, natural gas		6a.	\$	0.00
6b	. Water, se	wer, g	arbage collection		6b.	\$	0.00
6c			phone, Internet, satellite, and cable services		6c.	· <u> </u>	90.00
6d	. Other. Sp	ecify:	Propane gas		6d.	·	45.00
	Direct tv					\$	105.00
			ping supplies		7.	\$	800.00
Ch	Childcare and children's education costs				8.	\$	0.00
	•	•	nd dry cleaning		9.	\$	90.00
			cts and services		10.	\$	100.00
	edical and de		•		11.	\$	225.00
			de gas, maintenance, bus or train fare.		12.	¢	325.00
	not include c		/ments. s, recreation, newspapers, magazines, and book	•	13.	\$	
			ons and religious donations	3	14.		150.00 30.00
	surance.	uibuu	ons and religious donations		14.	Ψ	30.00
		nsuran	nce deducted from your pay or included in lines 4 or	20.			
	a. Life insura				15a.	\$	0.00
15	b. Health ins	surance	е		15b.		0.00
15	c. Vehicle in	surano	ce		15c.	\$	82.50
15	d. Other insu	urance	e. Specify: Emergency road service		15d.	\$	6.00
			warranty			\$	128.00
. Ta			taxes deducted from your pay or included in lines 4	1 or 20.			
	ecify:		, , ,		16.	\$	0.00
	stallment or l						
	a. Car paym				17a.	·	0.00
	b. Car paym				17b.	·	0.00
			Pace Arrow Motor Home		17c.		1,065.14
			Student Loan		17d.	\$	65.00
. Yo	our payments	of ali	mony, maintenance, and support that you did no	ot report as	18.	¢	0.00
			pay on line 5, Schedule I, Your Income (Official I make to support others who do not live with you		10.	\$	
	ner payment ecify:	s you	make to support others who do not live with you	u.	19.	Ψ	0.00
		erty e	expenses not included in lines 4 or 5 of this form	or on Schedule	_	our Income	
	a. Mortgage				20a.		0.00
	b. Real esta				20b.	·	0.00
20	c. Property.	home	owner's, or renter's insurance		20c.	\$	0.00
			epair, and upkeep expenses		20d.	·	0.00
			ssociation or condominium dues		20e.	*	0.00
			escription drugs			+\$	75.00
			<u> </u>				
			hly expenses				
	a. Add lines 4	,	•			\$	3,589.64
		•	nthly expenses for Debtor 2), if any, from Official Fo	orm 106J-2		\$	
22	c. Add line 22	a and	22b. The result is your monthly expenses.			\$	3,589.64
Ca	alculate vour	month	hly net income.				
			our combined monthly income) from Schedule I.		23a.	\$	3,615.42
			thly expenses from line 22c above.		23b.		3,589.64
200	. Copy your monthly expenses from the 220 above.				_00.	¥	3,303.04
23	c. Subtract v	our m	onthly expenses from your monthly income.				
_			ur monthly net income.		23c.	\$	25.78
Foi	r example, do yo odification to the	ou expe	crease or decrease in your expenses within the year or do your car loan within the year or do you of your mortgage?	, ,			e or decrease because of
	No.						
	Yes	Expl	ain here:				

Debtor 1 Richard P. Hogg First Name Middle Name Last Name  Debtor 2 Sally J. Hogg (Spouse if, filling) First Name Middle Name Last Name  United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number (if known) Check if this is an amended filling	
Debtor 2 (Spouse if, filing) First Name Middle Name Last Name  United States Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS  Case number (if known)  Check if this is an amended filing	
(Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the:  Case number (if known)  Check if this is an amended filing	
United States Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS  Case number (if known)  Check if this is an amended filing	
Case number Check if this is an amended filing	
(if known) Check if this is an amended filing	
Official Form 106Dec  Declaration About an Individual Debtor's Schedules  12	·/15
If two married people are filing together, both are equally responsible for supplying correct information.	
it two married people are ming together, both are equally responsible for supplying correct information.	
You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, o obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below	
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?	
■ No	
Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice  Declaration, and Signature (Official Form 1	
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.	
X /s/ Richard P. Hogg X /s/ Sally J. Hogg	
X /s/ Richard P. Hogg X /s/ Sally J. Hogg Richard P. Hogg Sally J. Hogg	

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E:U :	n dhin inform								
		nation to identify you							
Debt	or 1	Richard P. Hogg		e Name		Last Name			
Debt	or 2	Sally J. Hogg							
(Spou	se if, filing)	First Name	Midd	e Name		Last Name			
Unite	ed States Bar	nkruptcy Court for the:	NORTHE	RN DISTRICT	OF ILL	INOIS			
1	number _								
(if kno	wn)							_	heck if this is an mended filing
∩ff	icial Fo	rm 107							
			Affairs	for Indiv	idua	Is Filing for E		V	4/1
Be as	s complete a mation. If m per (if knowr	and accurate as poss	ible. If two n attach a se stion.	narried people parate sheet t	e are fil o this f	ing together, both are orm. On the top of an	e equally respon	sible for supp	
		current marital state							
1	- Mandad								
ļ	<ul><li>■ Married</li><li>□ Not mar</li></ul>	ried							
2. I	During the la	ast 3 years, have you	lived anywh	nere other tha	n wher	e you live now?			
	□ No								
Ī	Yes. Lis	t all of the places you	lived in the la	st 3 years. Do	not incl	ude where you live nov	W.		
	Debtor 1 Pr	ior Address:		Dates Debtor lived there	1	Debtor 2 Prior A	ddress:		Dates Debtor 2 lived there
	265 Gray S Marseilles			From-To: <b>2013 - 2015</b>		Same as Debtor	1		Same as Debtor 1 From-To:
	■ No □ Yes. Ma		ilifornia, Idah hedule H: Yo	o, Louisiana, N	levada,	New Mexico, Puerto F			? (Community property isconsin.)
I	Fill in the tota f you are filin	al amount of income yo	u received fr	om all jobs and	d all bus	rusiness during this y sinesses, including par ether, list it only once u	t-time activities.	revious calen	dar years?
			Debtor 1				Debtor 2		
			Sources o Check all th		(be	ross income efore deductions and clusions)	Sources of in Check all that		Gross income (before deductions and exclusions)

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Sally J. Hogg Case number (if known) Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Pension \$6,457.10 the date you filed for bankruptcy: **Social Security** \$14,298.00 For last calendar year: **Pension** \$15,497.04 (January 1 to December 31, 2015) **Social Security** \$28,596.00 For the calendar year before that: Pension \$15.497.04 (January 1 to December 31, 2014) Social Security \$28,596.00 Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment** Amount you Was this payment for ... Total amount paid still owe

Richard P. Hogg

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De	btor 2 Sally J. Hogg		Cas	e number (if known)		
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general par of which you are an officer, director, person in a business you operate as a sole proprietor. 17 alimony.	rtners; relatives of any gen- control, or owner of 20% of	eral partners; partner r more of their voting	erships of which you	ou are a genera ny managing a	al partner; corporations agent, including one for
	■ No □ Yes. List all payments to an insider.  Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
		, , , , , , , , , , , , , , , , , , ,	paid	still owe		
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi		ments or transfer a	ny property on a	account of a d	ebt that benefited an
	<ul><li>No</li><li>Yes. List all payments to an insider</li></ul>					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
Pai	rt 4: Identify Legal Actions, Repossession	s. and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  ■ No □ Yes. Fill in the details.	cases, small claims actions	s, divorces, collectio	,	actions, suppor	t or custody
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address		erty repossessed, f	oreclosed, garni Date		d, seized, or levied?  Value of the
		Explain what happened	•			property
	Mortgage Relief Services, LLC PO Box 740 Decatur, IL 62525	Home located at 265 61341  □ Property was reposse ■ Property was foreclos □ Property was garnishe	Gray St., Marsei	lles, IL 1/22	/2016	Unknown
		☐ Property was attached	d, seized or levied.			
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  ■ No □ Yes. Fill in the details.		luding a bank or fir	nancial institutio	n, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date take	action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an  ■ No □ Yes		erty in the possessi			efit of creditors, a

Debtor 1

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Debt	or 2	Sally J. Hogg		Case number	(if known)	
Part	5.	List Certain Gifts and Contributio	ne			
				dia	····	
	_	in 2 years before you filed for bank No	ruptcy,	did you give any gifts with a total value of more	tnan \$600 per person	<b>?</b>
	□ `	Yes. Fill in the details for each gift.				
		s with a total value of more than \$6 person	000	Describe the gifts	Dates you gave the gifts	Value
		son to Whom You Gave the Gift and ress:	d			
14.	_	n 2 years before you filed for bank No	ruptcy,	did you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?
		Yes. Fill in the details for each gift or				
	more Chai	s or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP Co		Describe what you contributed	Dates you contributed	Value
Part	6:	List Certain Losses				
			uptcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster
•	or ga	mbling?				
		No				
	□ `	Yes. Fill in the details.				
			Descr	ibe any insurance coverage for the loss	Date of your	Value of property
	now	the loss occurred		e the amount that insurance has paid. List pending nce claims on line 33 of <i>Schedule A/B: Property.</i>	loss	lost
Part	7:	List Certain Payments or Transfe	rs			
16.	Withi	n 1 year before you filed for bankr	uptcy, d	id you or anyone else acting on your behalf pay	or transfer any prope	rty to anyone you
		ulted about seeking bankruptcy or de any attorneys, bankruptcy petition		ng a bankruptcy petition? s, or credit counseling agencies for services require	ed in your bankruptcy.	
	_	No				
		Yes. Fill in the details.		Description and order of accompany	D-1	A
	Pers Add	son Who Was Paid ress		Description and value of any property transferred	Date payment or transfer was	Amount of payment
		ill or website address	Vall		made	, ,
		on Who Made the Payment, if Not ck & Black Lawyers	You	Attorney Fees related to this		\$1,464.00
		Box 148		bankruptcy matter.		Ψ1,+04.00
	Mor	ris, IL 60450				
17. '	Mith;	n 1 year hefere you filed for bankr	untov d	id you or anyone else acting on your behalf pay	or transfor any propo	rty to anyono who
	prom		editors o	or to make payments to your creditors?	or transier any proper	ty to anyone who
	<b>—</b> 1	No				
	□ `	Yes. Fill in the details.				
	Pers Add	on Who Was Paid ress		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Debtor 1 Richard P. Hogg
Debtor 2 Sally J. Hogg

Case number (if known)

18.	Within 2 years before you filed for bankruptor transferred in the ordinary course of your but include both outright transfers and transfers mad include gifts and transfers that you have already  No	siness or financial affaile as security (such as the	irs?			
	Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and va property transferre		Describe any propo payments received paid in exchange		Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrupte beneficiary? (These are often called asset-protein No		/ property to a sel	f-settled trust or sim	ilar device of	which you are a
	☐ Yes. Fill in the details.					
	Name of trust	Description and va	alue of the proper	ty transferred		Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Inst	ruments, Safe Deposit	Boxes, and Stora	ge Units		
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred?	were any financial acc	counts or instrum	ents held in your na	me, or for you	ır benefit, closed,
	Include checking, savings, money market, or houses, pension funds, cooperatives, associ			deposit; shares in b	anks, credit u	ınions, brokerage
	No					
	Yes. Fill in the details.					
		Last 4 digits of account number	Type of account instrument	or Date account closed, sold moved, or transferred		Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed for	bankruptcy, any s	safe deposit box or c	ther deposito	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution	Who else had acce	ess to it? De	escribe the contents		Do you still
	Address (Number, Street, City, State and ZIP Code)	Address (Number, State and ZIP Code)				have it?
22.	Have you stored property in a storage unit or	place other than your	home within 1 yea	ar before you filed fo	r bankruptcy	?
	No No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		escribe the contents		Do you still have it?
Par	t 9: Identify Property You Hold or Control for					
	,					
23.	Do you hold or control any property that som for someone.	eone else owns? Inclu	de any property y	ou borrowed from, a	ire storing for	r, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name	Where is the prope	erty?	escribe the property		Value
	Address (Number, Street, City, State and ZIP Code)	(Number, Street, City, St Code)		solibe the property		Value
Par	t 10: Give Details About Environmental Infor	mation				
For	the purpose of Part 10, the following definition	ns apply:				

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Richard P. Hogg
Debtor 2 Sally J. Hogg

Case number (if known)

	toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.					
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.					
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.					
Rep	oort all notices, releases, and proceedings that	at you know about, regardless of when	they occurred.			
24.	Has any governmental unit notified you that	you may be liable or potentially liable u	under or in violation of an environm	ental law?		
	■ No					
	Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of	any release of hazardous material?				
	■ No					
	☐ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or adn	ninistrative proceeding under any enviro	onmental law? Include settlements	and orders.		
	<b>-</b>					
	■ No □ Yes. Fill in the details.					
	Case Title	Court or agency	Nature of the case	Status of the		
	Case Number	Name Address (Number, Street, City, State and ZIP Code)		case		
Par	rt 11: Give Details About Your Business or	Connections to Any Business				
27.	Within 4 years before you filed for bankrupt	cy, did you own a business or have any	of the following connections to an	y business?		
	☐ A sole proprietor or self-employed in	n a trade, profession, or other activity, e	either full-time or part-time			
	☐ A member of a limited liability comp	any (LLC) or limited liability partnership	(LLP)			
	☐ A partner in a partnership					
	☐ An officer, director, or managing ex	ecutive of a corporation				
	☐ An owner of at least 5% of the voting	g or equity securities of a corporation				
	No. None of the above applies. Go to F					
	_	in the details below for each business.				
	Business Name	Describe the nature of the business	Employer Identification number			
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.			
	, , , ,	name of accountant of bookkeeper	Dates business existed			
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to	anyone about your business? Incl	ude all financial		
	No					
	Yes. Fill in the details below.					
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued				

Part 12: Sign Below

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Richard P. Hogg Debtor 1 Debtor 2 Sally J. Hogg Case number (if known) are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Richard P. Hogg /s/ Sally J. Hogg Sally J. Hogg Richard P. Hogg Signature of Debtor 1 Signature of Debtor 2 Date June 13, 2016 Date June 13, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:					
Debtor 1	Richard P. Hogg				
	First Name	Middle Name	Last Name		
Debtor 2	Sally J. Hogg				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	kruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					☐ Check if this is an
					amended filing
					3

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's Heights Finance Corporation name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of 2000 Pace Arrow 36B property securing debt:	<ul> <li>■ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>	■ Yes
Creditor's Mortgage Relief Services, LLC	■ Surrender the property.	■ No
Description of property  Home located at 265 Gray St., Marseilles, IL.	<ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>	□Yes

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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	Richard P. Hogg Sally J. Hogg	Case number (if known)
Lessor's na	me.	
Description		□ NO
Property:		☐ Yes
Lessor's na		□ No
Description Property:	orleased	☐ Yes
Lessor's na Description		□ No
Property:	UI leaseu	☐ Yes
Lessor's na Description		□ No
Property:	UI leaseu	☐ Yes
Lessor's na		□ No
Description Property:	orieased	☐ Yes
Lessor's na		□ No
Description Property:	orleased	☐ Yes
Lessor's na		□ No
Description Property:	oi leaseu	☐ Yes
Part 3: S	ign Below	
Under pena	Ity of perjury, I declare that I have indicate is subject to an unexpired lease.	ted my intention about any property of my estate that secures a debt and any personal
	chard P. Hogg	X /s/ Sally J. Hogg
Richa	rd P. Hogg	Sally J. Hogg
Signat	ure of Debtor 1	Signature of Debtor 2
Date	June 13, 2016	Date <b>June 13, 2016</b>

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	_
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-19459 Doc 1 Filed 06/14/16 Entered 06/14/16 11:58:38 Desc Main Document Page 51 of 56

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

In	Richard P. Hogg re Sally J. Hogg		Case No.					
	Carly 0. Hogg	Debtor(s)	Chapter	7				
	DISCLOSURE OF COMPEN	SATION OF ATTO	RNEY FOR DI	CBTOR(S)				
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:							
	For legal services, I have agreed to accept		\$	1,464.00				
	Prior to the filing of this statement I have received			1,464.00				
	Balance Due			0.00				
2.	The source of the compensation paid to me was:							
	■ Debtor □ Other (specify):							
3.	The source of compensation to be paid to me is:							
	■ Debtor □ Other (specify):							
4.	■ I have not agreed to share the above-disclosed compen	nsation with any other persor	unless they are mem	pers and associates of my law	firm.			
	☐ I have agreed to share the above-disclosed compensati copy of the agreement, together with a list of the name				A			
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:							
	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.</li> </ul>							
6.	y agreement with the debtor(s), the above-disclosed fee does not include the following service:  Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.							
		CERTIFICATION						
this	I certify that the foregoing is a complete statement of any as bankruptcy proceeding.	agreement or arrangement fo	r payment to me for r	epresentation of the debtor(s)	in			
	June 13, 2016	/s/ Timothy J. BI						
	Date	Timothy J. Black Signature of Attorn						
		Black & Black La						
		PO Box 148 Morris, IL 60450						
		8159420594 Fax	c: 8159420849					
		tblack03@yahoo	o.com					
		Name of law firm						

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### United States Bankruptcy Court Northern District of Illinois

In re	Sally J. Hogg		Case No.		
		Debtor(s)	Chapter	7	
	V	ERIFICATION OF CREDITOR M	ATRIX		
		Number of	Creditors:	34	
	The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of m (our) knowledge.				
Date:	June 13, 2016	/s/ Richard P. Hogg Richard P. Hogg Signature of Debtor			
Date:	June 13, 2016	/s/ Sally J. Hogg Sally J. Hogg Signature of Debtor			

Adventist Bolingbrook Hospital 75 Remittance Dr STE 6097 Chicago, IL 60675-6097

AT&T Mobility PO Box 6416 Carol Stream Carol Stream, IL 60197-6416

Capital Management Services, LP 698 1/2 South Ogden St Buffalo, NY 14206-2317

Capital One Bank PO Box 60599 City of Industry, CA 91716-0599

Capital One Services LLC PO Box 30285 Salt Lake City, UT 84130

Citi Cards PO Box 6500 Sioux Falls, SD 57117

Coventry Health Care PO Box 864750 Orlando, FL 32886-4750

Coventry One PO Box 31210 Tampa, FL 33631-3210

Creditor's Discount & Audit 415 E. Main St Streator, IL 61364

Creditor's Discount & Audit 415 E. Main St Streator, IL 61364

Dependon Collection Services Inc. PO Box 4983 Oak Brook, IL 60522-4983 Discover PO Box 6103 Carol Stream, IL 60197-6103

Financial Recovery Services, Inc. PO Box 385908 Minneapolis, MN 55438-5908

Grundy Radiologists Inc PO Box 3273 Indianapolis, IN 46206-3273

Heavner, Beyers & Mihlar LLC PO Box 740 Decatur, IL 62525

Heights Finance Corporation 1128 Columbus St Ottawa, IL 61350

J.C. Christensen & Associates, Inc. PO Box 519 Sauk Rapids, MN 56379

Malcom S. Gerald and Associates 332 S. Michigan Ave., Suite 600 Chicago, IL 60604

Midland Credit Management, Inc. 2365 Northside Dr., Suite 300 San Diego, CA 92108

Midland Credit Managment, Inc PO Box 60578 Los Angeles, CA 90060-0578

Midstate Collection Solutions, Inc. PO Box 3292 Champaign, IL 61826-3292

MiraMed Revenue Group PO Box 77000 Detroit, MI 48277-0304 Morris Hospital 150 W. High St Morris, IL 60450

Morris Hospital 150 W. High St Morris, IL 60450

Morris Hospital 150 W. High St Morris, IL 60450

Mortgage Relief Services, LLC PO Box 740 Decatur, IL 62525

Mortgage Relief Services, LLC PO Box 740 Decatur, IL 62525

Northstar Location Services LLC 4285 Genesee St Cheektowaga, NY 14225-1943

Ocwen Loan Servicing 3451 Hammond Ave. Waterloo, IA 50702

Rausch, Sturm, Israel, Enerson.... 15660 North Dallas PKWY, Suite 350 Dallas, TX 75248

Rezin Orthopdics & Sport 1051 W. US Rt 6, STE 100 Morris, IL 60450

Starved Rock Leasing PO Box 456 Ottawa, IL 61350

Surburban Radiologist S.C. 5201 Willow Springs Rd La Grange, IL 60525-6558

United Collection Bureau, Inc. PO Box 140310 Toledo, OH 43614